

JC67 33124  
AUG 04 2004  
PATENT

08-00-47

1648  
8FW

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER			Attorney's Docket No: 3124	
Serial No. 09/839,632	Filing Date April 20, 2001	Examiner Laurie A Scheiner	Group Art Unit 1648	
In Re Application of: Lynch				

For  
**BISPECIFIC ANTIBODIES THAT BIND TRAIL-R1 AND TRAIL-R2**

TO THE COMMISSIONER FOR PATENTS:

☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

- ☐ One month of original due date (\$110.00)
- ☐ Two months of original due date (\$420.00)
- ☐ Three months of original due date (\$950.00)
- ☒ Four months of original due date (\$1,480.00)
- ☐ Five months of original due date (\$2,010.00)

☒ A response in connection with the matter for which this extension is requested:

- ☒ is filed herewith.
- ☐ has been filed.
- ☐ The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.

☒ The accompanying papers include amended claims for which no additional fee is required.

☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$86	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$290 = 0.00
Total Additional Fee for this Amendment						\$0.00

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☐ The following other fees are incurred by the accompanying papers.

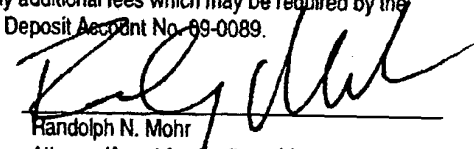
☐ Other: \_\_\_\_\_

Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of 950.00. A duplicate copy of this petition is attached.

☒ If an additional extension of time is required, please consider this a request therefore.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.

Please Send Future Correspondence To:  
Immunex Corporation/RNM  
Dept 4300, M/S 27-4-A  
Law Department/Amgen Inc.  
One Amgen Center Drive  
Thousand Oaks, CA 91320-1799  
(805) 447-8949


  
Randolph N. Mohr  
Attorney/Agent for Applicant(s)  
Registration No.: 45,590  
Phone: (805) 447-8949  
Date: August 4, 2004

EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number: EV 351337991 US Date of Deposit: August 4, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Sherry St. Andrew  
Printed Name

  
Signature

08/24/2004 LTHOMAS 00000002 090089 09838632  
01 FC=1254 1480.00 DA

3/ Fee  
Duplicate